CLAIMS ONLY

Application Number	Filing Date
10/674524	
Applicant(s)	

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1			1			
2				1		
3				1		
4				1		
5				1		
6				1		
7			1			
8				1		
9				1		
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49						
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Total Indep			3			
Total Depend			9			
Total Claims			12			

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	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep						
Total Depend						
Total Claims						